



TOWN OF LOOMIS
3665 Taylor Road
P.O. Box 1330
(916)652-1840 (916)652-1847 FAX

**CODE ENFORCEMENT/
COMPLAINT FORM**

CONFIDENTIAL

REPORTED BY (print name)

ADDRESS

TELEPHONE

SIGNATURE

*Reporting parties are not normally contacted regarding case status.

LOCATION/ADDRESS OF REQUEST

OCCUPANT NAME

OWNER NAME

OWNER ADDRESS

OWNER TELEPHONE

ASSESSORS PARCEL NUMBER

NOTE: Due to legal requirements, only written and signed complaints can be investigated. Complaints will remain confidential unless legal action is taken that may require the complainant to be specifically identified.

Type of Complaint: _____

OFFICE USE ONLY

Date Received: _____

Assigned to: _____

ACTION TAKEN:

Date

Date Abated

() Contact made with owner/inspected onsite

() No violation

() Letter/Administrative Warning sent

() Administrative Citation/Fine sent

() Notice of Administrative Hearing sent

() Hearing Officer's Decision sent (Manager)

() Court Order (Attorney)